

Chemical Weapons Use in Southeast Asia and Afghanistan

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United States Department of State
Bureau of Public Affairs
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Following is the U.S. submission to the UN Secretary General on the use of chemical and toxin weapons in Southeast Asia and Afghanistan, February 21, 1984.

The Permanent Representative of the United States of America presents her compliments to the Secretary General of the United Nations and has the honor to provide further information pertaining to the use of chemical and toxin weapons in the continuing conflicts in Afghanistan, Kampuchea, and Laos. The United States is sharing its new preliminary findings for 1983 in accordance with its policy of keeping the international community and the public routinely informed in a timely manner about chemical and toxin weapons use in these areas. In view of the concerns of members of the United Nations, as expressed in General Assembly Resolutions 35/144 C of 12 December 1980, 36/96 C of 9 December 1981, 37/98 D and E of 13 December 1982, and 38/187 C of 20 December 1983, I request that this submission be circulated at an early date as an official document of the General Assembly under the agenda item entitled "Chemical and Bacteriological (Biological) Weapons."

The United States of America has long been concerned about the use of chemical and toxin weapons in Afghanistan and Southeast Asia in violation of the Geneva Protocol of 1925, related rules of customary international law, and the 1972 Biological and Toxin Weapons Convention. The United States has thus carefully monitored the situation in these regions to obtain information about chemical and toxin weapon attacks and has shared the information and evidence

with the United Nations and its member states. The United States has also cooperated fully with the Secretary General and his Group of Experts in the UN investigation of this problem and in other international efforts to bring a halt to the use of these terrifying weapons.

The United States of America, over the past 3 years, has submitted a series of reports presenting the evidence of toxic weapons use and relevant technical information in detail. In this context, two major reports were submitted, entitled "Chemical Warfare in Southeast Asia and Afghanistan," dated 22 March 1982 (A/37/157), and "Chemical Warfare in Southeast Asia and Afghanistan: An Update," dated 29 November 1982 (A/C.1/37/10). Most recently, on August 4, 1983, the United States submitted a report (A/38/326) on evidence obtained from victims of toxic warfare attacks which had occurred earlier in Laos and Kampuchea.

Since the submission of the last report, the United States has continued to analyze and review the information and evidence available to it on the use of chemical and toxin weapons in Afghanistan and Southeast Asia. As with the previous submissions, the United States has considered reports of toxic attacks as valid only if they were confirmed from two or more types of sources. These kinds of sources include national technical means, intelligence means, medical and sample data, and direct evidence from a person, other than a victim or refugee, known to have access to a particular attack site. Therefore, while we never discount *per se* any report or secondhand information, our evidence must satisfy those tests of consistency and multiple sources to be con-

sidered valid before it is included in our final body of data.

Toxic weapons attacks, deaths, and incapacitation continue to be reported. At this point in our analysis, however, the 1983 information shows some differences from that of previous years. Specifically, there appears to have been a diminution of attacks in Afghanistan, and a decrease in the lethality of attacks in Laos and Kampuchea. At the same time, however, there is evidence of continuing use in Laos and Kampuchea of an as yet unidentified, nonlethal agent or agents.

Since December 1980, the international community, the United Nations, and private individuals and organizations have been calling attention to chemical and toxin weapons use and bringing substantial international pressure to bear on the users to cease such activities. Although current evidence indicates a decrease in the use of toxic weapons, the international community must persevere in its efforts to bring about a full and permanent cessation. Permanently ending the use of these weapons in Afghanistan and Southeast Asia, however, is only one of our goals. In addition, the Government of the United States will continue to press for strengthening relevant international conventions and for achieving a complete and verifiable ban on all chemical weapons through the Conference on Disarmament in Geneva.

Secretary of State Shultz expressed the concerns of the United States in his letter of submission for our November 1982 report:

The use of chemical and toxin weapons must be stopped. Respect for exist-

ments must be restored and the agreements themselves strengthened. Failure to achieve these goals can only have serious implications for the security of the world community, particularly for the security of smaller nations, like those whose people are being attacked.

Accordingly, the United States will continue to monitor the situation and share with the United Nations what further relevant information it may acquire on prohibited use of toxic weapons. In this connection, the United States will not neglect to monitor other areas in the world where prohibited use of chemical weapons has been alleged. The United States notes with deep concern reports that chemical weapons have been used in the unfortunate ongoing conflict between Iraq and Iran—both parties to the 1925 Geneva Protocol. Such use of chemical weapons would constitute yet another serious breach of the protocol, and related rules of customary international law, requiring the urgent attention of the world community.

ANNEX

Afghanistan. The United States has received several reports of Soviet chemical attacks occurring in 1983, but, contrary to previous years, we have not yet been able to confirm these reports as valid, in accordance with our above-mentioned standards. For 1982, on the other hand, the United States had strong evidence of several dozen chemical attacks in Afghanistan, resulting in over 300 agent-related deaths.

Laos. The number of reported toxic attacks in 1983 on which the United States has data is roughly the same as in previous years. While our analysis of these reports has not been completed, our preliminary judgment is that use of toxic agents has actually declined in

1983. Additionally, the number of agent-related deaths and cases of illness resulting from these 1983 attacks appears to be approximately one-third that for 1982. Some deaths associated with toxic attacks occurring in 1983 resulted from secondary effects, such as from eating contaminated animal products after an attack. In some cases, deaths occurred only among the infirm, perhaps caused by exposure to normally nonlethal agents or lethal agents in low concentrations. Additionally, descriptions of the 1983 incidents and medical effects by victims, doctors, and eyewitnesses differ from those of previous years. Fewer describe the rapid onset of nausea and vomiting, small blisters; severe irritation of the skin, severe bleeding syndromes, including protracted diarrhea; or vomiting of blood which were common in reports from earlier years. These symptoms, in the past, were associated with exposure to trichothecene toxins, as confirmed by sample analysis and examination of victims by doctors. Methods of delivery of the agents, however, were as reported in previous submissions, with aerial spray occurring most often.

Kampuchea. The number of reports of toxic attacks in 1983 is close to 50% greater than the number in 1982. Based on analysis of these reports to date, however, it appears that the level of use of toxic weapons has not increased but remained essentially the same as in 1982. We believe that the increase in reports is due in part to better monitoring of the Kampuchea-Thailand border area where most of these attacks occurred. The number of agent-related deaths resulting from attacks in 1983 also appears to have decreased significantly from 1982 levels. On the other hand, victims did experience more short-term, incapacitating effects from which they recovered in hours or days. This may be indicative of the

use of nonlethal incapacitating or riot control agents. As with Laos, 1983 reports for Kampuchea contain far fewer descriptions of trichothecene toxin-type effects than reports from 1982 and earlier years. Methods of delivery of the agents were as previously reported.

GENERAL NOTE: With regard to environmental and physical samples from Afghanistan, Laos, and Kampuchea, the United States has received and analyzed in 1983 one biological sample which was confirmed positive for trichothecene toxins. This was a sample from a March 1983 attack in Kampuchea, reported in the August 4, 1983, U.S. submission. Confirmatory analysis for trichothecene toxins is pending on several other biological samples from early 1983 reported toxic attacks. The United States also has a number of 1983 samples under analysis which contain manmade toxic chemicals and assorted substances other than trichothecene toxins and known conventional chemical agents. The precise composition of these substances has not yet been fully characterized. In keeping with our past practice, the United States will report its results and conclusions when these analyses are completed. Similarly, the United States will report any changes in our overall judgments and findings for 1983 as analysis of the data further progresses. ■

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